

VIRGINIA:

IN THE CIRCUIT COURT FOR THE CITY OF RICHMOND

MANDY ANNE TRUMAN,

Plaintiff,

v.

STATE FARM MUTUAL AUTOMOBILE
INSURANCE COMPANY,

Defendant.

Case No. CL20-3265-7

STATE FARM'S FIRST SET OF INTERROGATORIES TO PLAINTIFF

Defendant State Farm Mutual Automobile Insurance Company ("State Farm"), pursuant to Rules 4:1 and 4:8 of Rules of the Supreme Court of Virginia, propounds the following Interrogatories upon Plaintiff MANDY ANNE TRUMAN, to be answered under oath within twenty-one (21) days of service hereof, in the manner prescribed by said Rules.

DEFINITIONS AND INSTRUCTIONS

- a. These Interrogatories are continuing in nature, so as to require you to file Supplementary Answers if you obtain additional or different information before trial.
- b. Where the name or identity of an individual is requested, indicate the full name and home and business address of such person. When the name of a corporation, partnership or other business entity is requested, indicate its full name, the address of its principal place of business, and the name and position of the individual with knowledge of the requested matter.
- c. Unless otherwise indicated, these Interrogatories refer to the time, place, and circumstances of the events mentioned or complained of in the Complaint.

d. Where information or knowledge in possession of a party is requested, such request includes knowledge of the party's agent, next friend, guardian, representatives and, unless privileged, his or her attorney(s).

e. The pronouns "you" and "your" refer to the party to whom these Interrogatories are addressed and the person(s) mentioned in clause (d).

f. "State Farm" shall mean Defendant State Farm Mutual Automobile Insurance Company.

g. "Health care provider" includes every physician, doctor, health care practitioner, dentist, osteopath, chiropractor, psychologist, psychiatrist, counselor, physical or psychotherapist, rehabilitationist, hospital, clinic, emergency room or center, out-patient clinic, testing or x-ray facility, and any and all other practitioners of the healing arts.

h. "Describe" or "description" means to give a full and complete narrative of every fact or thing requested.

INTERROGATORIES

1. Identify the name, present residence and business address(es), social security number, date of birth, and telephone number(s) of the person(s) answering / responding to these Interrogatories, including any person(s) assisting with any of the answers / responses.

ANSWER:

2. Describe in detail and state the basis for the total amount of damages, expenses, fees and costs you are claiming against State Farm Mutual Automobile Insurance Company, including the manner and method by which these damages were calculated, identifying in your Answer all persons with knowledge of same and all documents or records relating to same, including the identity of the custodian of the documents or records. Please include in your response a detailed, itemized statement, giving amounts, names and addresses of all health care providers, employers, etc., in each instance, of all special damages, financial losses, fees and/or expenses, including lost wages, claimed by you.

ANSWER:

3. Describe in detail and state the basis for each and every injury, whether physical, mental, emotional, occupational, or otherwise, including any present complaints, residual effects, and any alleged permanent injuries or disabilities, which you claim to have sustained and expect to prove at the trial of this action as damages, identifying in your Answer all persons with knowledge of each such injury and all documents or records relating to each such injury, including the identity of the custodian of the documents or records. If any such person is an expert witness or a health care provider, please state the subject matter on which the expert or health care provider is expected to testify at trial and give a complete description of the substance of the facts and opinions to which the expert or health care provider is expected to testify, providing a detailed summary of the grounds for each such opinion.

ANSWER:

4. Identify any and all entities/companies providing health insurance benefits to you and to which claims have been made for any and all treatment(s) you allege to have received as result of the injury(ies) complained of in the Complaint, including in your answer the name and address of each such entity/company, the policy holder, and the policy number.

ANSWER:

5. State the names and addresses of all health care providers who have examined, treated or admitted you as a result of the injury(ies) complained of in the Complaint, describing in detail for each such provider the subject matter and basis for each such examination, treatment and/or admission.

ANSWER:

6. Describe in detail, if applicable, any preexisting / previous injury or limitation, similar condition and/or any aching, pain or discomfort in any of the parts of the anatomy allegedly injured as a result of the incident complained of in the Complaint, identifying in your Answer all persons with knowledge of same and all documents or records relating to same, including the identity of the custodian of the documents or records.

ANSWER:

7. Further responding to the foregoing Interrogatory, if you contend that a previous injury, disease or condition has been aggravated and/or accelerated as a result of the accident complained of in the Complaint, please describe in detail all facts which support such contention, including a detailed description of the nature and extent to which such injury, disease or condition has been so aggravated and/or accelerated, and identifying in your Answer all persons with knowledge of these facts and all documents or records relating to these facts, including the identity of the custodian of the documents or records.

ANSWER:

8. Please describe in detail any and all medical conditions you have had, and list the names and addresses of all health care providers who have seen or treated you for any purpose whatsoever, during the ten (10) year period preceding the filing of your Answers to these Interrogatories, describing the diagnosis and/or the purpose of each such condition / treatment / health care provider.

ANSWER:

9. For each and every medical expense and/or bill which you claim is covered and/or for which you seek payment under the subject State Farm insurance policy, please identify and describe the amount "incurred" (as defined by Va. Code § 38.2-2201(A)(3)) for each such medical expense and/or bill.

ANSWER:

10. Identify all persons who have knowledge of any fact or circumstance relating in any way to the claims and/or defenses asserted in this action, describing in detail for each such person the subject matter and substance of his / her knowledge.

ANSWER:

11. If you or anyone else to your knowledge has heard any statements made by an agent, representative or employee of State Farm, or by any person identified in your Answers to the preceding Interrogatories, relating in any way to the claims or defenses asserted in this action, then as to each such statement please identify the person(s) who made the statement(s), the date and location where the statement was made, the person(s) who heard the statement(s), and describe the substance and subject matter of each such statement(s).

ANSWER:

12. If you or anyone acting on your behalf knows of any transcripts, tapes, writings or other tangible record of any statement made by an agent, representative or employee of State Farm, or by any person identified in your Answers to the preceding Interrogatories, relating in any way to the claim(s) or defense(s) asserted in this action, please identify each such transcript, tape, writing or other tangible record and the name, address and telephone number of its custodian, or produce the record instead.

ANSWER:

13. Please identify all persons (including all treating health care providers) who the Plaintiff expects to call as an expert witness to testify at any deposition, hearing or trial in this case and for each such person, please identify, state and describe the name, address, occupation, and area of expertise of each such expert; the subject matter and substance of all facts to which each such expert is expected to testify; all opinions held by each such expert, and the grounds and basis for each such opinion.

ANSWER:

14. If you have made any claims seeking compensation or damages for personal injury against any person / entity, or have made any claim for workers' compensation, then state the name, address and telephone number of the persons / entities involved, the date of each such accident, the applicable insurance carriers and the insurance claim numbers.

ANSWER:

15. If you have been or are a party to any other lawsuit, please state the style of each action, the date on which each action was filed, the court in which each was filed, and the disposition thereof.

ANSWER:

STATE FARM MUTUAL AUTOMOBILE INSURANCE CO.

By:

/s/



Alexander S. de Witt, Esq. (VSB # 42708)

FREEBORN & PETERS LLP

901 East Byrd Street, Suite 950

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CERTIFICATE OF SERVICE

I hereby certify that on the 11th day of August, 2020, a true copy of the foregoing INTERROGATORIES was delivered by e-mail and by first-class U.S. mail, postage prepaid, to Bryn Swartz, Esq., Pathfinder Injury Law, 3016 Mountain Road, Suite C, Glen Allen, VA 23060, Email: bswartz@pathfinderlaw.com.



Alexander S. de Witt, Esq. (VSB # 42708)

VIRGINIA:

IN THE CIRCUIT COURT FOR THE CITY OF RICHMOND

MANDY ANNE TRUMAN,

Plaintiff,

v.

STATE FARM MUTUAL AUTOMOBILE
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**STATE FARM'S FIRST REQUEST FOR
PRODUCTION OF DOCUMENTS AND THINGS TO PLAINTIFF**

Defendant State Farm Mutual Automobile Insurance Company ("State Farm"), pursuant to Rules 4:1 and 4:9 of Rules of the Supreme Court of Virginia, requests Plaintiff MANDY ANNE TRUMAN to produce the following documents and things for inspection and/or copying at the offices of FREEBORN & PETERS, LLP, 901 East Byrd Street, Suite 950, Richmond, VA 23219, within twenty-one (21) days from the service of this Request:

(1) All documents and things that relate or refer to any losses, damages, expenses and/or injuries claimed to have been sustained by you, as alleged in the Complaint.

(2) All documents and things that you identified in any of your responses to the Interrogatories served contemporaneously herewith.

(3) All documents and things that you used in any way to provide responses to the Interrogatories served contemporaneously herewith.

(4) All documents and things that relate in any way to the claims and/or defenses asserted by the parties to this action.

(5) All notes, transcripts or recordings of any type of any statements given by State Farm (including any agents, employees or representatives of State Farm), any party to this action, and any person or entity identified in your responses to the Interrogatories served contemporaneously herewith.

(6) All documents and things that you intend to use as evidence or introduce as an exhibit at any deposition or trial in this action.

(7) All correspondence, memoranda, writings, e-mails, statements or other written documents or records that you sent to or received from State Farm (including its attorneys, insurers, representatives, agents and employees) relating in any way to the claim(s) giving rise to this action or to the events or circumstances described in the Complaint.

(8) All correspondence, memoranda, writings, e-mails, statements or other written documents or records that you sent to or received from any person or entity identified or disclosed in your Answers to Interrogatories relating in any way to the claim(s) giving rise to this action or to the events or circumstances described in the Complaint.

(9) A complete copy of each and every settlement agreement, release, settlement check and all other correspondence, documents and records pertaining to any compromise and/or settlement of any claim (including all claims of personal injury and/or property damage) reached between Plaintiff and any other person involved in the subject motor vehicle accident and/or that person's liability insurer.

(10) All documents and things reviewed by or relied upon by any expert witness(es) (including treating doctors) whom you expect to use or call as a witness at any deposition, hearing or trial in this action, and all reports prepared by each such expert.

(11) Any and all contracts or agreements between the Plaintiff and any person or entity identified in your answers to the Interrogatories served contemporaneously herewith, together with any amendments or modifications to such contracts or agreements, relating in any way to (i) the claim(s) giving rise to this action and/or the injuries or treatment alleged in the Complaint.

(12) All documents and things which set forth, document, discuss, calculate, evidence, quantify, substantiate, or relate in any way to the damages, losses, injuries, fees and/or expenses claimed by Plaintiff in this action.

(13) All documents and things which set forth, document, discuss, calculate, evidence, quantify, substantiate or relate in any way to any past or future medical expenses for which Plaintiff is seeking recovery in this lawsuit.

(14) A complete copy of all medical statements, bills and/or invoices which you claim are covered, and/or for which you seek payment, under the subject State Farm insurance policy, and which show the amounts “incurred” (as defined by Va. Code § 38.2-2201(A)(3)) – including all contractual adjustments, write-offs, and reductions to such bills – for all medical treatment which you claim was a result of the subject motor vehicle accident.

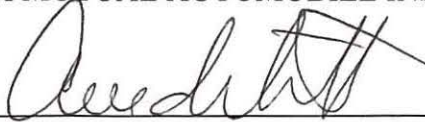
(15) All documents and things, not already produced in response to the foregoing Requests, which support or relate in any way to the allegations, demands and/or prayer for damages contained in the Complaint.

(16) A complete copy of all insurance contracts / policies mentioned in the Complaint.

(17) A complete copy of all insurance contracts / policies which form the basis for the claims alleged in the Complaint.

STATE FARM MUTUAL AUTOMOBILE INSURANCE CO.

By: /s/



Alexander S. de Witt, Esq. (VSB # 42708)

FREEBORN & PETERS LLP

901 East Byrd Street, Suite 950

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Phone: (804) 644-1300

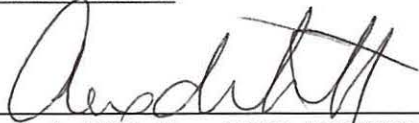
Direct: (804) 799-7790

Fax: (804) 644-1354

E-mail: adewitt@freeborn.com

CERTIFICATE OF SERVICE

I hereby certify that on the 11th day of August, 2020, a true copy of the foregoing REQUEST FOR PRODUCTION OF DOCUMENTS was delivered by e-mail and by first-class U.S. mail, postage prepaid, to Bryn Swartz, Esq., Pathfinder Injury Law, 3016 Mountain Road, Suite C, Glen Allen, VA 23060, Email: bswartz@pathfinderlaw.com.



Alexander S. de Witt, Esq. (VSB # 42708)